



ROOM RESERVATION

Please fax this to GrandResort Hotel Limassol, at: +357 25 636945

Address: P.O. Box 54500, 3724 Limassol, Cyprus

Group Name:

INTERNATIONAL CONFERENCE ON ALZHEIMER'S DISEASE AND RELATED DISORDERS IN THE MIDDLE EAST 5th Edition: Limassol, Cyprus • May 15-17, 2009

Reservation for:

 LAST NAME FIRST NAME

 ADDRESS

 CITY STATE/PROVINCE ZIP CODE/POSTAL CODE

 COUNTRY TELEPHONE (include country code)

 FAX (include country code) EMAIL

No-smoking room: Yes No

Arrival Date _____ **Departure Date** _____

Category of room	Price per room per night	Number of rooms
ROH Single (1 person)	Euro 130	
ROH Twin (2 persons)	Euro 170	
These rates include buffet breakfast, service, and all taxes. Client will pay the hotel directly.		

GUARANTEE

Details of your credit card to guarantee your stay:

<input type="checkbox"/> Eurocard/Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> AmEx	<input type="checkbox"/> Diners
Name as it appears on the credit card			
Credit card number			
Expiration Date			

Client's confirmation :

Confirmation of the hotel :

DATE: _____

DATE: _____

SIGNATURE: _____

SIGNATURE: _____